MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002082
STATE FILE NUMBER

Registration District No. 149 FILED MAR 18 1963 Primary Registration District No. 1002 Registrar's No. 1033

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ | DATE AMENDED

BY AFFIDAVIT OF W. Buckingham DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS City
Length of stay in 1b: 58 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: K.C.T.B. HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1522 LYDIA
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RAYMOND Middle THOMAS Last

4. DATE OF DEATH: Month FEB. Day 14 Year 1963

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. Married ☐ **Never Married** ☐ **Widowed** ☑ **Divorced** ☐

8. DATE OF BIRTH: 6-30-92

9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months 7 Days 15
IF UNDER 24 HR: Hours Min:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER

10b. KIND OF BUSINESS OR INDUSTRY: DIXON HOTEL

11. BIRTHPLACE (City and state or country): E. ST. LOUIS, ~~ILL~~ ILL

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JOHN THOMAS

13b. MOTHER'S MAIDEN NAME: HANNA WILLIAMS

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates): NO NONE

16. SOCIAL SECURITY NO.: [illegible]55

17. INFORMANT Address: HELEN ALBRITTON - 5332 MONTGALL

18. CAUSE OF DEATH (Enter only one cause p

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Tuberculosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

MEDICAL CERTIFICATION

21. I attended the deceased from 6-9-60 to 2-14-63 and last saw him alive on 2-14-63
Death occurred at 9:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): W. Buckingham
22b. ADDRESS: 3407 Bldg K.C. Mo
22c. DATE SIGNED: 2-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-18-63
23c. NAME OF CEMETERY OR CREMATORY: Blue Ridge Lawn
23d. LOCATION (City, town, or county) (State): K.C. Mo.

24. FUNERAL DIRECTOR ADDRESS: Jones & Stevens K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 2-15-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4428

P. O. Address 231 Lenox Blvd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.